

236

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

County of Pima
 District of _____
 Town of Miami
 or _____
 City of _____

BUREAU OF VITAL STATISTICS

State Index No. 125

ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. 123

Local Registrar's No. _____

(No. Sullivan St. _____ Ward)

Full Name of Child Carmen Alicia Muro Born ☒ YES
 If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive ☒

Sex of child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____	Legitimate? <u>yes</u>	Date of Birth <u>Feb. 24, 1921</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full name <u>Isabel Muro</u>			Full Maiden Name <u>Carmen Acker</u>		
Residence <u>Miami, Ariz</u>			Residence <u>Miami, Ariz</u>		
Color <u>Mexican</u>			Color <u>Mexican</u>		
Age at last Birthday <u>23</u> (Years)			Age at last Birthday <u>19</u> (Years)		
Birthplace <u>Mexico</u>			Birthplace <u>Mexico</u>		
Occupation <u>miner</u>			Occupation <u>Housewife</u>		
Number of Child of this mother <u>2</u>		Number of children of this mother now living <u>1</u>		Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of the above child, and that it occurred on Feb. 24 1921, at 5 A.M.

*When there is no attending physician or midwife, then the householder should make this return.

(Signature) J. J. Miller
 (Attending physician, midwife, householder.)*

Given or Christian name added from a _____

Address Miami, Ariz.

Supplemental report _____ 1921 Filed Feb 25 1921 B. W. Hardy M.D. LOCAL REGISTRAR.

346-224-319
 COUNTY REGISTRAR.

Filed Mar 7 1921 A True Copy

B. G. Fox
 COUNTY REGISTRAR.